Oxfordshire
Clinical Commissioning Group

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Cllr Arash Fatemian
Chairman
Horton Joint Health Overview and
Scrutiny Committee

25 September 2019

Dear Arash,

Re: Outcome of Horton Joint Health Overview and Scrutiny Committee and response to Chairman's Addendum, published 16 September 2019.

Following the decision at the meeting of the Horton Joint Health Overview and Scrutiny Committee on 19 September, where the Committee voted to refer to the Secretary of State, I write to reaffirm my point made at the meeting about that decision and to respond to your Chairman's Addendum, published on Monday 16 September.

It is important, as a matter of public record, to address those areas in your report where we believe there has been misunderstanding or misrepresentation of the work of the programme. I have included with this letter a full detailed response, some of which was discussed at the Horton HOSC meeting last week. As stated at the meeting, I will also ensure this response is published on the OCCG website.

Firstly, as I stressed at the meeting, I fully understand and share the disappointment expressed by members of the committee and those invited to the table about the recommendation that will be presented to the OCCG Board on 26 September. There is clearly strong support for local services and for a thriving local district general hospital and most specifically strong support for the return of obstetric services for local people.

We have heard this very clearly and have been moved by the experience shared by some women in the area affected by the changes. This programme has left no stone unturned in its search for a safe and sustainable solution but has concluded that it must recommend no return of obstetrics to the Horton General Hospital for the foreseeable future.

I emphasised several times in the meeting that it is really important for the JHOSC to note that the recommended option if agreed will be a very different decision to that taken by the CCG Board in 2017. There are a number of differences that I pointed out:

- System Leaders are agreed that the Horton provides a significant suite of services to the people of Banbury & surrounding areas. In March 2018 the CCG Board

overturned the decision to consult on the removal of A&E and Paediatrics; these services will stay at the Horton and we continue our commitment to building a strong future for the Hospital.

- The current recommendation to the OCCG Board is not for a permanent closure of obstetrics; it is ‘at this point in time’, because of the balance of the sustainability and therefore clinical safety issues. I reminded JHOSC members that the Oxfordshire Health and Care leaders (including County & District Councillors) through the Health & Wellbeing Board have agreed a process, supported by the Oxfordshire HOSC, to review our population health and care needs together at regular intervals, so that this decision can be reviewed if critical factors change.

Decision to refer to the Secretary of State
The vote taken at the end of your discussions at the Horton JHOSC meeting on 19 September confirmed your recommendation to refer this matter to the Secretary of State for Health and Social Care, but only if the recommendation (for a single specialist obstetric unit at the John Radcliffe Hospital and a Midwife Led Unit at the Horton General Hospital) is accepted by the OCCG Board on 26 September 2019.

Immediately after the vote was taken, I asked you to clarify that the decision made by the JHOSC was to refer on process, but only if the CCG decided to accept the board paper recommendation. You confirmed in the meeting that this was the decision made by the Committee.

My question at that point in the meeting, and one I wish to reaffirm now, was whether a referral based on process could be dependent on a decision to be taken by OCCG Board. If the view of the committee is that the process has been flawed, it would seem reasonable to assume this would apply regardless of the decision to be taken by the OCCG Board.

Adjustments to the Chairman’s Addenda
I wish to respond in detail to a number of assertions and statements made in the Chairman’s Report Addenda published on Monday 16 September and presented to the JHOSC.

Most importantly, I need to ask that one particular point is retracted (2.11) relating to a ‘response back’ from the CCG and OUH that included a suggestion that other trusts might lie or stretch the truth when responding to your enquiries on small units. This is inaccurately reported.

As you are aware, we have had an ongoing challenge with the minutes of previous JHOSC meetings, which are either not circulated to us at all or circulated very late (at our meeting on Thursday 19 September we received the previous minutes at 10.00pm the evening before). If we had a process for sharing draft minutes before publication then some factual inaccuracies and misunderstanding could have been avoided.

Whilst there is neither a published action log nor summary of work outstanding at these meetings, we have felt confident that the clearly requested actions from members during meetings pertaining to the process have been completed. It is therefore surprising that you are only now indicating dissatisfaction with the work completed.

I continue to hope that the committee will recognise that the work delivered over the past year has been thorough and open and that the decision to be taken is genuinely a

difficult one. We have learnt much from this engagement experience; we believe it has been a robust, open and transparent process which has gathered a wide range of information, views and feedback from the people who matter most. We are keen to ensure we continue an open and ongoing dialogue with local stakeholders about health needs and local services in the future.

The members of OCCG Board will consider carefully all the information gathered and work done before making its decision and whatever the decision, we will continue our commitment to work with the community on meeting their health and care needs.

Yours sincerely

Louise Patten
Chief Executive

Detailed response to Horton HOSC Chairman's Report Addenda

page and paragraph	Chairman's comment	OCCG response
Process and Information		
Page 2, paragraph 2.2	OCCG and OUH approached this as a tick box exercise and not engagement with a different outcome.	This programme of work has been delivered with extensive engagement and by adopting a transparent approach that was fully open to there being a different outcome. This approach included engaging stakeholders in areas of work that typically would have been completed by the NHS alone as well as seeking and following advice for ensuring best practice was adopted. Considerable time and effort has been dedicated by both the CCG and the Trust to exploring what it would take to deliver options and to respond to challenges and suggestions from the HOSC and other local stakeholders. We absolutely understand that the Committee may reach different conclusions on the best outcome from their perspective based on the evidence provided. But we hoped you would recognise dedicated efforts put into providing comprehensive and new evidence. Advice from SoS/IRP did not necessarily require the outcome to be different but that "**The Panel considers that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire." (IRP report page 1)** and '….consideration must be driven by what is desirable for the future of maternity and related services and all those who need them across the wider area of Oxfordshire and beyond **rather than a search for any possible way to retain an obstetric service at the Horton**. This necessarily brings into play potential trade-offs between meeting the needs of higher risk mothers in specialised services, access to more local services, sustainability of staffing and the best use of finite NHS resources.' (IRP report page 8) Finally, the recommendation to the CCG Board is not the same as the 2017 consultation decision. We are recommending a single obstetric model at the John Radcliffe for the foreseeable future but are committing to a regular review under our population health

		planning framework; and asking OUH to build into any master planning for the Horton site flexibility to re-open obstetrics there in the future should circumstances demand it and the barriers to implementation be overcome. There is learning from every piece of work delivered and this has been no exception. The learning from this project is significant and is already being used.
Page 2, paragraph 2.3	The Horton HOSC has not 'signed off' outputs of workstreams, confirmed by reading the minutes.	All actions of work streams have been delivered. There have been times when Horton HOSC have asked for additional information that does not form part of the overall work plan which as far as possible has been delivered. Sometimes what is asked for was not required to inform the decision but was delivered anyway. The plan and approach to managing the programme was agreed with the Horton HOSC at the start of the programme and reports on progress have been delivered to every meeting of the committee. These have been discussed, comments and views of members have been sought and questions have been answered. There has never been a clear communication from the committee setting out concerns with the delivery of the plan. This raises a concern that OCCG have previously shared where the minutes have not been shared with OCCG before being published and comments or corrections (other than corrections of names or attribution of a comment) at the meeting have not been accepted by the Horton HOSC. We have struggled to get Horton HOSC to hear us when we are trying to change the way in which an action or discussion has been recorded which does not match our recollections of the discussion or agreement. This was particularly an issue with the minutes for the September 2018 meeting where actions were recorded and expected for the subsequent meeting; however our understanding which we communicated to the JHOSC was that those actions would be incorporated into the work streams. The other example was an action around the weighting process which we had noted as being for us to clarify to Oxfordshire County Council and the Horton HOSC how we had managed this part of the process; this was not how it was recorded in the minutes.
Page 2 and 3,	Assertion that	Both OCCG and OUH have genuinely tried to answer all questions put to them by

paragraphs 2.4 – 2.6	OCCG and OUH have been evasive and blocked access to information.	committee members and all stakeholders. This programme has included a thorough review of all possible options that has necessarily meant a huge amount of detail has been produced including clinical and workforce data. The Committee has sometimes fed back that the level of detail has been too much and other times that it has been too little. On all occasions, OCCG and OUH have tried hard to get the balance right and to make all information openly available. The financial information requested was in addition to what was required for the programme and included some complex data from both OCCG and OUH finance teams. OCCG accept that there was a delay in getting this information and acknowledged this to the committee at the time. We realise that medical staffing rotas are incredibly complex with multiple rules and standards to be met. Specialists are employed to help navigate these issues and ensure safe compliance. At times, it is difficult to explain some of the complexities and to strike the right balance between fully answering questions and ensuring clarity. With hindsight, summaries of the various workforce models could have been included in the July 2019 paper. However, it has been difficult to balance the level of information to be presented for effective oversight and scrutiny with a summary or the full detail of the information that was used by the scoring panel. The answer given by OUH colleagues about a hybrid staffing model rotating across two sites requiring more doctors is correct. The reason it takes more doctors to work across both sites on the hybrid rota is because it requires additional consultants to cover the middle grade rota but the consultants required at the JR include specialist obstetricians who are required to remain on site at the JR caring for women with complex health needs and cannot be included on a rota working across two sites. This is explained in detail in the September 2019 OCCG Board paper. Representatives from OCCG and OUH have sought to engage with the Committee in good faith and answer questions on the basis of their professional expertise and knowledge. Whilst we understand the Committee might disagree over priorities and trade-offs, we hope

		it would not question the integrity and professionalism of staff and clinicians.
Page 3, paragraph 2.7 and items listed in the table on pages 4 and 5		
	Clinical view on acceptability of transfer times.	This has been completed and published. See section 3.3 of Travel and Access paper in February 2019 available here which presents local transfer times in the context of national findings (Birth Place study) and confirmed local processes/protocols. The paramedics and midwife supporting a woman who is being transferred remain in contact with the obstetric service.
	Overview on data on mothers who have chosen to go to other hospitals	This has been completed and published. See analysis presented to Horton HOSC in September 2018 which showed where women gave birth for the year pre-temporary closure and the 18 months after - including women who had chosen to go to other hospitals. Aggregate data that the CCGs have can only show where the birth took place not what choice was made. This included all women from Oxfordshire, south Northamptonshire and south Warwickshire. The survey undertaken also asked about women's choices about where to give birth, where they eventually gave birth and also about whether they would have chosen an obstetric unit at the Horton if it were available. As would be expected, the results of this question showed that women living in the catchment area of the Horton would have preferred to have given birth at the Horton if obstetrics were available there. It was important for all women to be asked this question to help us understand how realistic it would be to consider widening the catchment area, and if so, to understand the impact on the number of births expected. This information and analysis of the data was presented to stakeholders and the HOSC as part of the discussion on the housing and population growth. The survey gave a full understanding of the factors important to women and their partners in making the decision about where to give birth.
	Findings of Birthrate plus	Birthrate Plus is the nationally approved software tool that supports maternity departments in workforce planning. The tool gives recommendations which are taken into consideration

		when developing a workforce model. This ensures compliance with NICE guidance for midwifery staffing. OUH have used this software to look at its staffing ratios. This is being discussed and reviewed internally within the Trust. Once the OUH Board is satisfied with the findings and have agreed an action plan to respond, they have committed to sharing these with the HOSC.
	Increase in births and housing growth across Oxfordshire	This was a useful suggestion made by the committee and has been incorporated in the OCCG September 2019 Board Paper. It shows the potential impact of housing growth across the whole of the county.
	In travel and transfer times add a minimum of 4 minutes to the times if there was not an ambulance on site.	This has not been presented separately; we reported back to Horton HOSC that essentially it would mean a shift of the distribution curve by 4 minutes to the right which still leaves the median below that of the Birth Place study and would remain the lowest of all the Oxfordshire MLUs. The OCCG September 2019 Board paper is clear that the dedicated ambulance would remain (this is stated on page 18, section 4.2.2 A1 Description of the model for a single obstetric unit).
	Number of doctors required if JR and HGH were run as an integrated site (this appears twice in the table).	This has been completed and is included in Annex1 of OUH response that is an Appendix to the OCCG September 2019 Board paper (available here). Two terms that have been misunderstood during the programme have been hybrid rota and rotating rota. A hybrid rota is one where consultants on the rota fill slots for middle grade doctors where they are in short supply. A rotating rota is one that operates across the JR and the Horton sites. The number of doctors needed across the JR and Horton sites on a rotating rota is at option 2b, which includes 24/7 resident consultant cover at the HGH. The number of doctors needed for a rotating rota across the JR and the Horton sites under a hybrid model is at option 2d). Any doctor time moved from JR to HGH needs to be covered at the JR so there is not a reduction in the total amount of medical time required. The reason it takes more doctors to work across both sites is because the doctors required at the JR include specialist obstetricians who are required to remain on site at the JR caring for women with complex health needs and cannot be included on a rota working across two sites. This is explained

		in detail in the September 2019 OCCG Board paper.
	Weighting process to be visible and transparent	The approach to the options appraisal, including the criteria and approach to weighting have been presented to each HOSC meeting. • September 2018 and November 2018; criteria listed in paper confirming these were based on those used in 2016/17, reflected the whole system and whole maternity pathway and are consistent with those used in other places. • Engagement update paper in February 2019 outlined that participants at the first Stakeholder workshop would be involved in weighting the criteria • April 2019; paper on options appraisals confirmed that participants at the first Stakeholder event contributed to the weighting process. It also confirmed that NO member of the scoring panel had seen the weightings. • We also confirmed that the weighted scorings would not be the only part of the decision making process as there was also the survey work; the option appraisal process identified 2 options that had almost identical scores that were then worked up in more detail. At the April meeting we believe we were asked to provide confirmation of the approach taken to the weighting of the criteria and that we would share them transparently which is not how it is reflected in the minutes. OCCG followed best practice in calculating the weighting of the criteria by facilitating a process with stakeholders doing this. The stakeholders included members of Horton HOSC, local community and patient representatives. No NHS members of the scoring panel participated in the weighting. Other members of the scoring panel did contribute to the weighting. Typically, the NHS would not engage stakeholders widely in weighting criteria and would do this internally. The NHS Institute and Freshwater were external advisors for this part of the process and confirmed the approach was best practice. We concluded, on the basis of the expert advice

		we had received on best practice, that the method we had adopted was entirely appropriate. We provided a written summary of how this had been done and shared this with the HOSC Chairman on 7 June. The write up of the process and the criteria weightings were also sent to the Oxfordshire County Council Director of Law and Governance on 7 June. This was after the scoring panel had first met but before the process was complete and the criteria weights had been shared. The weightings were shared at the second stakeholder event and are published on the OCCG website (available here). It is clear from these published weightings that criteria related to quality (safety, outcomes and experience), some workforce issues (recruitment and retention and rota sustainability) and access have been weighted more highly than finance and deliverability. This is consistent with factors rated as important by women and their partners in the survey.
	Tariffs and to index to understand income gain/loss (from July 2019 meeting but minutes not published as of 17 September).	This is not completed and is not directly relevant in the decision making process. This request was discussed at the last meeting (4 July 2019). This is not directly relevant to the decision-making process because tariff and indexing is about the price of obstetric care whereas the financial analysis requested is on the actual costs of providing obstetric care. For clarity, a detailed analysis of the two highest scoring options has considered the full cost of providing each of the two options as would be expected in any comparison of possible options.
Interests of the Local Population		
Page 6, paragraph 2.10	Temporary closure purported to be on safety grounds; Trust now engaged in a 'campaign' to indicate that resumption of	An emergency and temporary measure is only approved on safety grounds. In September 2016 The Oxfordshire JHOSC agreed "on the basis of the evidence provided by the Trust, not to refer the Trust's decision to temporarily close the Obstetrics Unit at the Horton to the Secretary of State on the basis that it was satisfied that OUH had adequate reasons for acting without consultation on the basis of urgency relating to the safety or welfare of patients or staff but to monitor the situation carefully in the meantime" The CCG and Trust are clear that it is unsafe to provide a service when there is not a safe and

	service is cost-prohibitive.	sustainable level of staff. The CCG Board paper, as agreed, includes a detailed review of the two highest scoring options and has considered full cost of providing them as would be expected in any comparison of possible options; as acknowledged by the IRP, NHS resources are finite and decisions need to be made in the best interest of all patients in Oxfordshire. The Trust is not engaged in a "campaign". OUH has been consistently clear its number one priority is the provision of clinically safe services and not finances. It has provided factual modelling of the costs of the two highest scoring models as requested by the CCG and estimates by external experts of the capital costs. The Trust acknowledges that many of the Horton General Hospital's buildings are in need of significant investment, including the maternity building. OUH is very keen to secure capital to invest in the site, no matter what option for obstetrics is selected.
	Assessment of other small units/clinical evidence base	It is the role of the Thames Valley Clinical Senate to review and provide assurance about the clinical evidence base. The work on small units was first discussed at the Horton HOSC meeting in February 2019. We shared in April 2019 our criteria and the list of units we would contact. We contacted them and reported the main findings to the July 2019 Horton HOSC meeting. The project Clinical Lead participated in the Royal College for Obstetrics and Gynaecology workshop on small units and we have since visited two units. This has confirmed that for small units, the hybrid medical staffing model is the right model to be looking at. We were also made aware that Keep the Horton General (KTHG) was contacting small units to request information. This was an excellent piece of work, we acknowledged it and again it supported the view that the hybrid model was a sensible model to consider. We completely refute the suggestion that we said other trusts would lie or stretch the truth when responding to your enquires on small units.

Pages 6 and 7, paragraphs 2.12 and 2.13	Recruitment	The OUH have brought back, on several occasions, all the work they have undertaken in their attempts to recruit the obstetric staff required. Every effort has been made to share information and to answer all questions from members of the Horton HOSC and wider stakeholders. Recruitment and retention is an issue for the Trust across a range of areas; this is in spite of the excellent reputation and "Oxford brand". This is reviewed and summarised, again, in the OUH response on the two highest scoring options. It is not relevant to compare the ability to staff a transfer of diagnostic and outpatient appointments from the Oxford sites to the Horton General Hospital with staffing an obstetric service for 2,000 births a year. The former involves planning consultant and other clinical staff to run daytime sessions on a regular basis with full clinics at the Horton General Hospital rather than at an Oxford site. The latter requires a minimum of 9 doctors to provide 24/7 on-site cover, in line with strict safety standards, prepared to respond to any presentations and without the certainty of numbers of women who will need care or what level of emergency care they may need. We agree that the workforce issue at the OUH is long-standing. This is confirmed by the extracts from the CQC report included in the HOSC Chairman's Report (appendix 1). OUH fully acknowledges that workforce shortages across all of its sites are the number one challenge it faces as a Trust. Addressing these challenges is a central priority and the Trust has set itself stretching targets and has a variety of initiatives underway to try and tackle them. Recruitment and retention problems are severe, ongoing and experienced across many Trusts and many specialisms across the NHS; this is exacerbated by the high cost of living and a competitive jobs market across Oxfordshire.
Page 7, paragraphs 2.14 to 2.17	Survey findings and experiential evidence. Trust/CCG have been dismissed/ignored findings.	Both OCCG and OUH papers have acknowledged the impact that the temporary closure of the Horton obstetric unit has had on the population affected. OCCG and OUH attended the evidence session organised by Horton HOSC and attended every focus group organised to support the survey. The stories shared at the HOSC session were difficult to hear and we are grateful to the women and their partners for sharing their experiences in that forum and through the survey and focus groups.

		The Trust has found the feedback extremely valuable and is determined to act on as many of the issues raised and improvements suggested as possible. The Trust will work with the local Maternity Voices Partnership to identify further actions. The CCG will be working with OUH on an action plan for the implementation of whatever decision the CCG makes. This is why both papers also indicate what more we would do to further enhance services available at the Horton Midwife Led Unit (MLU). The survey was conducted with women using maternity services across Oxfordshire and beyond. The design of the survey included stakeholders from the Horton HOSC and Keep the Horton General campaign group. The questionnaire was lengthy and asked women not just about their experience but also about their preferences, their priorities and their suggestions. A separate section of the survey was also addressed to partners who were invited to share their experience too. The analysis is extensive and includes a breakdown based on many different variables, including geography. We have been very clear, from the start of this process that the findings from the survey, including the individual narrative, help to inform the overall work in all areas of the programme and the recommendation for the OCCG Board. We would also like to acknowledge that; overall, patients rated the maternity care they received from OUH positively on the majority of aspects. This includes patients from the North Oxfordshire and South Northamptonshire. We hope the HOSC would also want to recognise the positive feedback from the patient survey as well as the areas for improvement. We recognise that whatever the OCCG Board decide, it is a fine balance that was acknowledged by the IRP in their report *'….consideration must be driven by what is desirable for the future of maternity and related services and all those who need them across the wider area of Oxfordshire and beyond rather than a search for any possible way to retain an obstetric service at the Horton. This necessarily brings into play potential* ***trade-offs between meeting the needs of higher risk mothers in specialised services, access to more local services, sustainability of staffing and the best use of finite***

		***NHS resources**.' (IRP report page 8)*
Page 7, 8 and 14 to 19, paragraphs 2.16 to -2.18 and Appendix 2	Impact of stress in pregnancy/birth trauma	Clinicians at OUH recognise that women can be worried and have anxieties during pregnancy. The Trust absolutely recognises that both uncertainty over what the maternity services in the north will look like at the point a woman may wish to give birth, as well as the normal anxieties about the birth process are natural. In addition, OUH recognises that women will have anxieties about planning their labour, including over choice of place of birth and the travel to that place. These are the kinds of issue that our midwives and doctors are used to discussing with women and their partners during antenatal appointments and giving advice to alleviate concerns. The findings from the survey undertaken indicate that women in the Horton catchment area do report feeling more anxious than women from other areas about making the choice about where to give birth. For all other points of the journey (throughout pregnancy, during labour, throughout the birth and postnatal) they were similar for all district council areas (see slide 57 of the survey report available here). To help women make their decision of where to give birth the OUH will work closely with surrounding trusts to improve information available to the women and develop a clearer individualised maternity offer that would not just include OUH maternity services. It is important to distinguish feeling anxious from an anxiety disorder which is a clinically diagnosed mental illness that can occur in pregnancy and is the focus of the research referred to in the HOSC Chairman's Report Addenda. Women with this condition can find it difficult to function from day to day and become very unwell. There are clear clinical pathways in place to identify these women and to ensure they receive the extra support and treatment they require. Perinatal mental health services have expanded over the last three years with a new community based perinatal mental health service commissioned in the last two years for all women in Oxfordshire. This works closely with hospital based perinatal antenatal clinics. Specialist antenatal mental health clinics are now provided at the Horton as well as the JR.

		Whatever decision the OCCG Board takes, the OUH and OCCG will continue to monitor the quality of services and the experience of women and families, including in relation to mental health issues in pregnancy.
Chairman's' recommendations		
Page 9, paragraphs 2.19 – 2.23	Overall	No decision has yet been made. The recommendation clearly indicates that this is for the foreseeable future and that this should be reviewed in the light of changing circumstances using the Oxfordshire Health and Wellbeing Board agreed framework. The focus on the future is to enable re-development of the Horton Hospital site which should include flexible clinical space so an obstetrics unit could be reintroduced at a later date. If the referral is on process then we fully expect this referral to be made regardless of whether the OCCG Board agree to re-instate obstetrics at the Horton General Hospital or not.
Page 9, paragraph 2.21	Failure to follow IRP advice	The CCG and OUH are confident that the work plan developed and delivered has fully addressed the IRP advice It is for NHSE to be assured that the CCG has delivered the work required. NHSE conducted an Assurance Review with the OCCG and OUH on 17 September and have confirmed that: *"Our conclusion is that all the actions requested by the Secretary of State for Health and Social Care have been completed. The outcome is the culmination of extensive work, driven by Oxfordshire's commitment to ensuring patient safety and improving patients' and families' experiences of health care, and meeting the needs of the local population.".* The letter from NHSE is available on the OCCG website here.

		One of the suggestions that OUH and OCCG have made to address the learning from the survey is the provision of a hotline for priority parking for women and their partners who are in emergency labour and are having trouble accessing the site. We believe this could be a small but helpful response to some of the issues raised with us and would like to put it in place for our patients. It is one of the wider suggestions made to improve access at the JR, for example, looking at options to allow partners to stay overnight. The Trust recognise that access to the JR site is a very difficult and ongoing issue that is hard to fully mitigate. The other main set of actions the Trust have suggested for a single obstetric model to respond to issues in the patient survey is the expansion of ante and post natal care at the Horton General. This is set out in detail in Appendix 2 of the CCG Board report.
Page 9, paragraph 2.22	three points from the original referral are still valid	These were addressed by the IRP and have therefore been picked up in the work undertaken to respond to the 2019 IRP/SoS recommendations. The 2019 IRP report specifically says *“The IRP notes comments from various quarters that the needs of mothers (to be) in north Oxfordshire and the surrounding areas have not changed since the Panel’s review of 2008. The Panel conducts its reviews on a case-by-case basis taking account of the circumstances present at the time. The needs of the population are one of several variables to be considered. That was true of our 2008 review and remains true in offering this advice.”* At every stage there has been an acknowledgement of the expected population growth in the area and the issues of travel and access. Work-streams set up for the project have focussed on these in detail.